# Row 10666

Visit Number: a1013a95ab19787deb03117385b4969590589e0f7ae7331fdda395df9fd9278d

Masked\_PatientID: 10666

Order ID: 13c45368648b816f790574536beb0165812d144be58192ed279f17b968ac6424

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 17/8/2015 15:04

Line Num: 1

Text: HISTORY Right ovoid capacity on CXR TECHNIQUE CT thorax was acquired after the administration of 50 ml of intravenous Omnipaque 350. FINDINGS The previous chest radiographs dating back to 5 June 2015 was reviewed. Diffuse mild dilatation of the ascending thoracic aorta and aortic arch is seen, with a maximal diameter of 4.5 cm at the level of the bifurcation of the pulmonary trunk. Mural thrombus and atherosclerotic calcifications are seen in the thoracic aorta as well as its major branches. No evidence of aortic rupture or dissection is seen. The heart is enlarged. No pericardial effusion is seen. No significantly enlarged intrathoracic lymph node is detected. No pulmonary mass or consolidation is detected. Dependent atelectasis is noted in both lower lobes. Mild scarring is seen in the right lung apex. No pleural effusion is present. An incidental 4 mm non-specific hypodense nodule is seen in the left thyroid lobe. The imaged upper abdomen is unremarkable. No destructive bony lesion is seen. Old healed right 4th-6th rib fractures are noted. CONCLUSION 1. No suspicious pulmonary mass or consolidation. The previously-noted ovoid opacity in the previous chest radiograph may be due to end-on projection of cartilage calcification or old fracture in the right 6th rib. 2. Diffuse dilatation of the ascending thoracic aorta and aortic arch, with a maximal diameter of 4.5cm. No evidence of aortic rupture or dissection is seen. May need further action Reported by: <DOCTOR>

Accession Number: 650f48e0027c46efdd827e1d7fc33010c16277d61272055cced2147103d657fa

Updated Date Time: 26/7/2017 17:05